Ontario Telemedecine Network (OTN) Outreach Initiative

Procedures Developed By:

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MSc(OT), Candidates 2014

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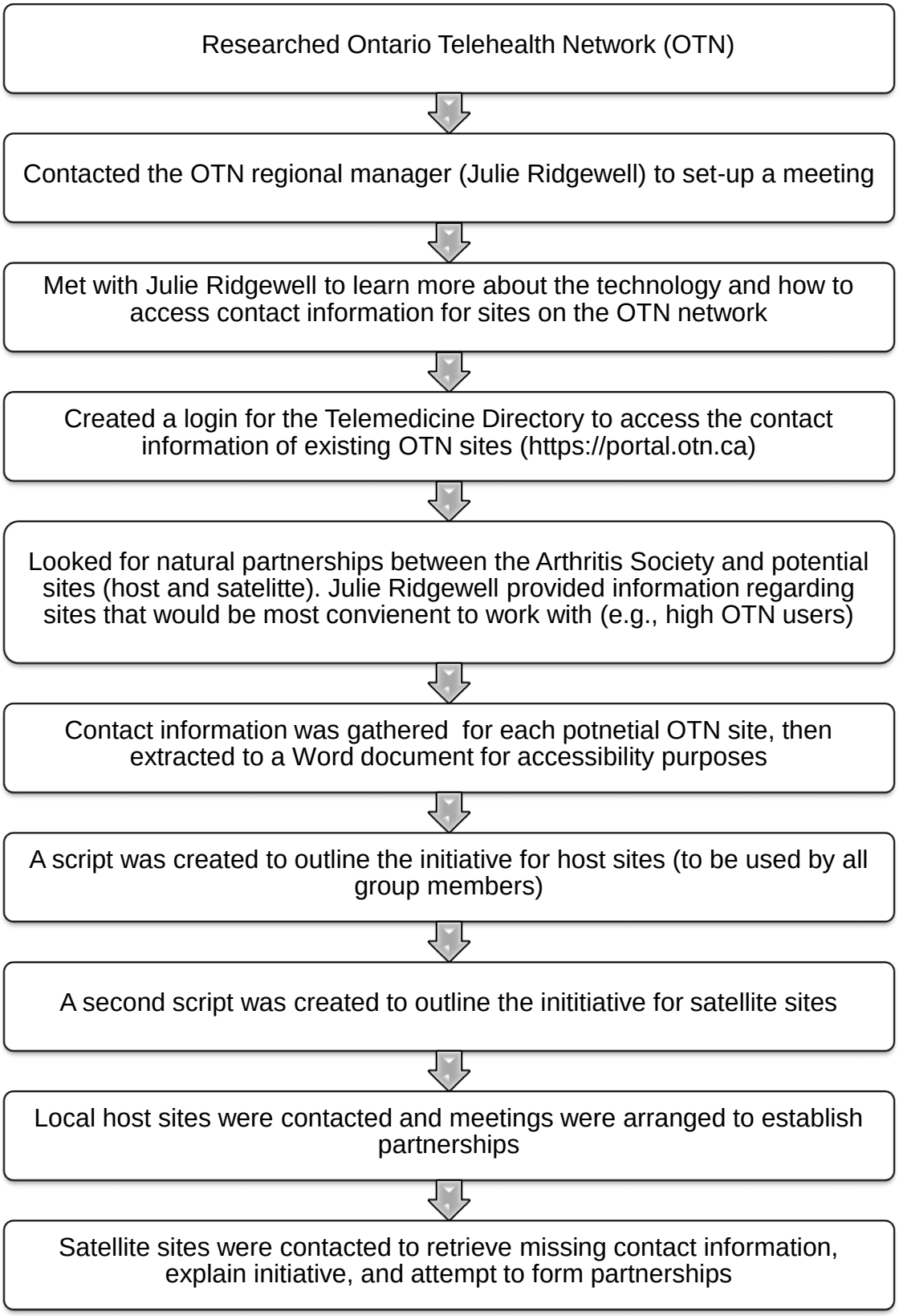

Effectiveness of Therapeutic Groups via Telemedicine

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Developed for the Arthritis Society

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Introduction

Over the past decade, there has been mounting evidence to support the use of telemedicine. Telemedicine is increasingly being used in home and community health care, acute care medicine, and as a medium to train health care professionals. The majority of the research has focused on using telemedicine for diagnostic and consultative purposes between patients and a single health care professional (OTN, 2012). There is limited research investigating the effectiveness of running therapeutic groups via telemedicine. Therefore, this document will examine the effectiveness of telemedicine in chronic disease management in general.

The Effectiveness of Telehomecare in Chronic Disease Management

Potential Benefits of Telehomecare

Most of the evidence supporting telemedicine relates to homecare. According to the Ontario Telemedicine Network (OTN) (2012), there is evidence to suggest that telehomecare (THC) may be a solution to help patients with chronic conditions (such as arthritis), manage their care at home. Although the effectiveness of managing arthritis symptoms at home has not been studied, the use of the OTN has provided many benefits to patients living with heart failure (HF), chronic obstructive pulmonary disease (COPD) and diabetes mellitus (DM). These benefits are wide ranging and include: the ability to provide equal access to healthcare for those living in underserved (rural) areas; self-management; quality of life; and the ability to adjust treatment plans. THC interventions have also been shown to reduce: readmission to hospital, mortality, emergency department (ED) visits, and direct costs (fewer hospitalizations, shorter length of stay, better use of healthcare resources, pharmaceuticals and reduced travel costs). According to OTN (2012), a systematic review of 23 articles found THC to be overall, a cost-effective intervention. Furthermore, patient satisfaction with the equipment and program were generally high, even among the older adult users (Ontario Telemedicine Network (OTN), 2012).

Potential Issues with Telehomecare

Despite numerous studies suggesting that telemedicine is an effective homecare intervention, some studies have found no improvement for the following outcomes: hospital admissions; ED visits; number of days in hospital; self-management; risk of death; and medication knowledge (OTN, 2012). One randomized controlled trial found a higher mortality rate amongst the intervention (THC) group. Another prospective, randomized study found a decline in patient medication adherence. Some additional disadvantages of THC include: technical problems; reluctance or refusal from patients, caregivers, nurses and physicians; and usability issues (OTN, 2012).

According to OTN (2012), authors from these studies made several inferences based on the results of their respective studies to explain the lack of success of their interventions. Some factors that may have impacted the success of these interventions include: a lack of patient-clinician interaction; formal education and a comprehensive disease management program combined with the remote monitoring of the intervention; medication management; patient-centred models of care; experienced nurses; patient motivation to self-manage their disease; and effective teaching strategies used by nurses (OTN, 2012).

Keys to Success

According to OTN (2012), study authors also provided several suggestions to explain the successes of THC interventions. Overall, THC interventions are effective for: conditions that require close monitoring and quick interventions (HF, asthma, COPD) and individuals with multiple chronic diseases who are high users of healthcare resources. In addition, THC works best with skilled clinicians who can assist patients with problem solving, use motivational interviewing and the 'teach-back' method (OTN, 2012).

The Effectiveness of Telemedicine as a Teaching Tool for Health Care Practitioners

Videoconferencing is an effective and common method used by healthcare organizations to help train and bring expertise to remote health care professionals (HCPs) (Dodd, 1995; OTN, 2012).

Keys to distance learning success:

- Make sure the subject matter is engaging and that instructional materials can be easily adapted to videoconferencing.

- Make sure the teacher knows how to use the videoconferencing equipment and what to expect in terms of student participation.
- Structure the course so that remote students are called on by name or are asked to participate.
- Conduct a trial run of the course to make sure everything works from a technical perspective and that the subject matter will not lose anything in the translation between the classroom and the videoconferencing screen (Dodd, 1995).

Other suggestions include:

- Creating hard-copy student handouts
- The use of evaluation forms to help instructors learn what works and what needs improvement (Dodd, 1995)

The Effectiveness of Telemedicine Therapeutic Groups in Chronic Disease Management

The literature examining the effectiveness of telemedicine therapeutic groups is limited. However, preliminary research indicates positive patient outcomes for those participating in telemedicine chronic disease self management groups.

One prospective study in Scotland found that small group learning via videoconference was both acceptable and effective for clients. Participants were satisfied with reduced travel times and the ability to associate with peers. The participants developed their own set of group norms during the sessions that included their own signaling system. Participants would raise a finger to indicate when they were about to speak. As the participants became more comfortable with the videoconferencing equipment, they began using familiar verbal and non-verbal communication skills (O'Rourke, 2007).

Participants noted some negative aspects to small group learning via video conferencing including: frustration with equipment failures and difficulties in becoming familiar with the videoconference learning setting. Furthermore, this particular study found a significant drop-off during the course of one year. However, it was noted that many participants had family and work commitments that interfered with their ability to attend the sessions (O'Rourke, 2007).

One Canadian study is of particular importance. This study by Jaglal et al. (2013), examined the outcomes of a chronic disease self-management program for adults living in Northern Ontario, Canada. Participants had diagnoses of heart disease, stroke, lung disease and

arthritis. No significant differences were found between single site and multi-site (OTN) groups with regards to self-efficacy, health behaviours and health status. The findings of this study indicate that using OTN to conduct therapeutic groups promotes positive health behaviours, and increases health status after approximately four months of participating in the program. These findings also suggest that OTN can be used to connect several virtual groups to the same group leader (Jaglal et al., 2013).

Helpful Resources

- OTN
    - OTN Regional Manager: Julie Ridgewell
        - jridgewell@otn.ca
- OTN Webcasting Centre
    - Contains recorded videos that may be helpful in developing presentations
    - http://webcast.otn.ca/index/browse?page=1&type=1
- Acquired Brain Injury Program at Parkwood Hospital, London, ON
    - They facilitate a "Survivor Series"
    - Recorded videos can be accessed via the OTN Webcasting Centre
    - Coordinator: Kelly Williston Wardell, OT
        - Kelly.WillistonWardell@sjhc.london.on.ca
- London Regional Cancer Program, London Health Sciences Centre, London, ON
    - They run Prostate Cancer Support Groups via OTN
    - 519-685-8600
- Adult Eating Disorders Program, London Health Sciences Centre, London, ON
    - Contact Tammy Mason
        - tammy.mason@sjhc.london.on.ca
- Diabetes Clinic, London Health Sciences Centre, London, ON
    - 519-685-8600 ext. 0
- Arthritis Society, Sudbury, ON
    - They are the only Arthritis Society site in Ontario connected via OTN
    - This site uses OTN to run some therapeutic groups
    - 705-673-4641

- Contact: Jennifer Hale
  - jhale@on.arthritis.ca
- Thought leader: Jocelyn M., OT

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Increasing Access to Chronic Disease Self-Management Programs in Rural and Remote Communities Using Telehealth

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Abstract

Objective: *This study examined whether a telehealth chronic disease self-management program (CDSMP) would lead to improvements in self-efficacy, health behaviors, and health status for chronically ill adults living in Northern Ontario, Canada. Two telehealth models were used: (1) single site, groups formed by participants at one telehealth site; and (2) multi-site, participants linked from multiple sites to form one telehealth group, as a strategy to increase access to the intervention for individuals living in rural and remote communities.* ***Subjects and Methods:*** *Two hundred thirteen participants diagnosed with heart disease, stroke, lung disease, or arthritis attended the CDSMP at a preexisting Ontario Telemedicine Network studio from September 2007 to June 2008. The program includes six weekly, peer-facilitated sessions designed to help participants develop important self-management skills to improve their health and quality of life. Baseline and 4-month follow-up surveys were administered to assess self-efficacy beliefs, health behaviors, and health status information. Results were compared between single- and multi-site delivery models.* ***Results:*** *Statistically significant improvements from baseline to 4-month follow-up were found for self-efficacy (6.6 ± 1.8 to 7.0 ± 1.8; $p < 0.001$), exercise behavior, cognitive symptom management, communication with physicians, role function, psychological well-being, energy, health distress, and self-rated health. There were no statistically significant differences in outcomes between single- and multi-site groups.* ***Conclusions:*** *Improvements in self-efficacy, health status, and health behaviors were equally effective in single- and multi-site groups. Access to self-management programs could be greatly increased with telehealth using single- and multi-site groups in rural and remote communities.*

Key words: *telehealth, policy, cardiology/cardiovascular disease, self-care*

Introduction

For many individuals with chronic disease, optimal self-management is difficult to achieve. Consequently, there has been an increased interest in self-management programs, an important component of the Chronic Care Model.[1] One of the most widely implemented is the chronic disease self-management program (CDSMP), an in-person, peer-led health education program delivered in six weekly 2-h sessions by trained program leaders, developed and validated by the Stanford Patient Education Research Center.[2] Several randomized controlled trials have shown the CDSMP to be effective in increasing self-efficacy, which in turn has been related to improving health status and health behaviors.[3–13]

CDSMPs have an important role in rural and remote areas with limited access to and availability of healthcare and community-based services but have been rarely evaluated in this setting.[14,15] Delivery of the CDSMP via telehealth[16] would address three important barriers: the need for program leaders in every community; the need for leaders to travel long distances to communities, particularly remote areas without leaders; and the need for a sufficient number of participants to form a face-to-face group in each community. Prior research on the CDSMP has not evaluated a telehealth delivery model, nor have there been any published studies on a Canadian population.

We hypothesized that telehealth would enable a small number of trained program leaders (not from the same communities as participants) to link to self-management groups across several

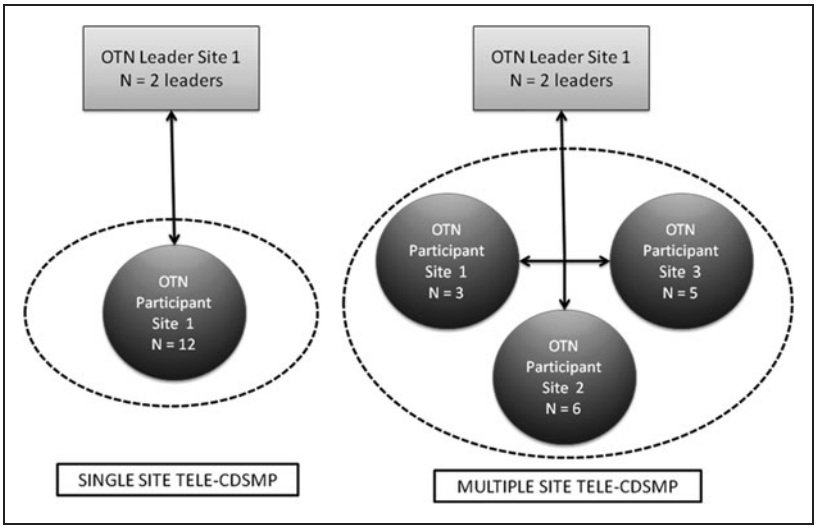

Fig. 1. Example of single- and multi-site program delivery. CDSMP, chronic disease self-management program; OTN, Ontario Telemedicine Network.

rural and remote communities in Canada. Two configurations of telehealth delivery—single site and multiple sites—were examined. At a single site, program leaders from one community (leader site) were linked via telehealth to participants from another community who formed a self-management group. In multiple sites, participants from several remote communities were linked to each other to form a self-management group and to a leader site via telehealth (*Fig. 1*). The main objectives of this study were to examine whether access to a telehealth self-management program in rural and remote communities for individuals with chronic diseases (telehealth CDSMP [tele-CDSMP]) improves self-efficacy, health behaviors, and health status and whether there are differences in outcomes between the two delivery models (single site and multiple site).

Subjects and Methods

STUDY DESIGN

A randomized controlled trial design was considered as an option with patients randomized to either single-site or multiple-site telehealth groups. However, it would not have been logistically possible to include patients in the trial who were from very remote and rural communities. The ideal group size for the chosen self-management intervention is 10–15 participants.[8] It is expected that in smaller communities there would not be sufficient numbers of individuals to make up a self-management program group because of population size. Therefore a trial would be limited to the larger communities and would not be generalizable to the communities that the intervention is expected to benefit. The more pragmatic two-group pre–post comparison design was chosen to examine delivering CDSMP in the context of the "real-world" setting in rural and remote communities using existing telehealth linkages. This study was approved by the Research Ethics Board at Women's College Hospital, Toronto, ON, Canada.

SETTING

Ontario is the most populous province in Canada with approximately 13 million inhabitants and one of the largest in terms of geographic size. All communities in Northern Ontario who were part of the Ontario Telemedicine Network (OTN)[17] were eligible. Leader sites were designated as communities with population sizes $>40{,}000$, and participant sites were those with $<20{,}000$ inhabitants. Five leader and 13 participant sites were enrolled, with the latter ranging in population from approximately 1,400 to 18,000 inhabitants and 7 sites having populations of less than 5,000.

LEADERS

Sixteen leaders were recruited (minimum of three per community) from disease-specific associations, hospitals, community groups (e.g., church groups, retired teachers associations), and OTN member sites. Consistent with CDSMP delivery, at least two of the three leaders per team had one of the chronic diseases targeted in this study, and the other was either a healthcare professional or other professional (e.g., teacher).

PARTICIPANTS

Participant recruitment was coordinated by the central study office. Internet searches were used to develop a community profile for each participant site, including contact information for each health and community-based organization. A research coordinator initiated community relationships by phoning individual organizations and sending brochures to raise their awareness about the program and ask them to promote the program to their clientele. A 1-800 number was provided to enable interested individuals to contact the study coordinators directly.

To be eligible for the CDSMP, participants had to have a self-reported physician diagnosis of chronic lung disease (asthma, chronic bronchitis, or chronic obstructive pulmonary disease/emphysema), heart disease (coronary artery disease or congestive heart failure), stroke, or chronic arthritis. Individuals with diabetes and hypertension were included if they also had one of the above diagnoses. Participants had to speak and read English and be able to attend a 2-h session, once a week for 6 weeks. Individuals younger than 45 years of age or who had received chemotherapy or radiation within the past year were excluded. Participants were allocated to either single-site or multi-site groups based on the number of interested participants in their community.

DESCRIPTION OF TELE-CDSMP

The tele-CDSMP used the same training and content as the CDSMP (*Table 1* gives the program description).[2] Leaders attended the standardized 4-day CDSMP training program delivered by two certified CDSMP Master Trainers, in addition to a 2-h training session on telehealth etiquette and use of equipment. Prior to running the courses, a booster telehealth training session was held to review procedures and to conduct a practice teaching session. The telehealth studios used in this study were already established in hospitals that

Table 1. Overview of Telehealth Chronic Disease Self-Management Program Program Content

SESSION	DESCRIPTION
Session 1	Identifying common problems among participants
	Review of telehealth procedures
	Program overview
	Differences between acute and chronic illnesses
	Cognitive symptom management and distraction
	Introduction to action plan, making an action plan
Session 2	Feedback and problem solving
	Dealing with negative emotions
	Introduction to physical activity and exercise
	Making an action plan
Session 3	Better breathing
	Muscle relaxation
	Pain and fatigue management
	Endurance exercise
	Making an action plan
Session 4	Planning for the future
	Healthy eating
	Communication skills
	Problem solving
	Making an action plan
Session 5	Use of medication
	Making informed treatment decisions
	Depression management
	Positive thinking
	Guided imagery
	Making an action plan
Session 6	Working with your healthcare professional
	Review and looking forward

were part of OTN and normally used for clinical consultations. Studio time was blocked for 2.5 h for 6 consecutive weeks on days and times with low use for clinical consultations. Each studio had a U-shaped table where participants sat, monitors, and cameras with videoconferencing capabilities. An OTN telehealth coordinator was present at each tele-CDSMP session to manage the technology, which is standard practice. No modifications were made to the content of the CDSMP, but preprinted handouts instead of flip charts and a seating plan rather than name tags were provided because of the monitors. As a patient education program, the tele-CDSMP is offered in the format of a guided workshop rather than a traditional lecture format, where program leaders and participants from different sites are in constant interaction, with ample room for sharing of experiences and teaching of practical skills to increase confidence and motivation to manage the challenges of living with chronic health conditions. In both the single- and the multi-site configurations, participants and leaders could communicate live with each other with both video and sound and therefore see and hear who in the group was speaking on their monitors. For the multi-site configuration, three nodes per leader group was the optimal configuration as an increased number of sites meant smaller-sized visuals on the monitor/screen for participants to see each another.

OUTCOME MEASURES

Three main outcomes were evaluated: self-efficacy, health behavior, and health status. To compare outcomes between the telehealth delivery models and already published evaluations of the CDSMP, the recommended measures developed and validated for the CDSMP were used.[2] Baseline data were collected within 2 weeks of the course start date, and data at 4 months were collected after the last session by telephone survey.

SELF-EFFICACY

This study used a six-item self-efficacy scale that was previously tested on 605 participants with chronic disease.[5] Participants rated their confidence on a scale of 1–10, with "1" being not at all confident to "10" being totally confident. The first four items were confidence in keeping fatigue, physical discomfort and pain, emotional distress, and other symptoms or health problems from interfering with activities. The fifth item was confidence in doing different tasks and activities needed to manage the condition, and the sixth was confidence in doing things other than taking medication to reduce how much your illness affects your everyday life. The summary score is a mean of the six item-level scores.

HEALTH BEHAVIORS AND HEALTH STATUS

Four health-related behaviors were measured: stretching and strengthening exercise, aerobic exercise, use of cognitive symptom management techniques, and use of techniques to improve communication with physicians.[2] There were seven health status measures: the Stanford disability scale, an adapted social role limitations and mental health index from the Medical Outcomes Studies,[18] and visual numeric scales for pain/physical discomfort, psychological well-being, energy/fatigue, health distress, and self-rated health status.[2] Age, sex, disease condition(s), marital status, employment status, income level, education level, and community name were collected at baseline for all participants.

DATA ANALYSES

The analyses focused on evaluating changes in self-efficacy, health behaviors, and health status variables from baseline to 4 months after the tele-CDSMP for all participants using paired *t* tests if the assumption for normality was verified; otherwise the Wilcoxon

signed-rank test for non-parametric distributions was used. Differences in baseline characteristics were examined using *t* tests for the continuous variables (age and total number of chronic conditions) and chi-squared analyses and Fisher's exact tests for the binary and categorical variables (sex, type of chronic condition, marital status, and education and income levels). To determine whether the two telehealth delivery models (single-site versus multi-site telehealth groups) differed with respect to changes in self-efficacy, health behaviors, and health status variables from baseline to 4 months, a series of analysis of covariance models while adjusting for age, sex, and education level, as well as the total number of chronic conditions reported by the participant, were conducted. Data were analyzed using SPSS version 19 software (SPSS, Inc., Chicago, IL). All tests were two-tailed, and we considered p values of < 0.05 to be statistically significant.

Results

PROGRAM ATTENDANCE

Two hundred thirteen participants were enrolled in 19 tele-CDSMP courses between September 2007 and June 2008. One hundred four were enrolled in a single-site tele-CDSMP course, and 109 were enrolled in a multi-site tele-CDSMP course. In total, 71 (31.5%) participants attended all sessions, 158 (70.2%) attended four or more sessions, and 20 (8.9%) dropped out of the program. Of the enrolled participants, 186 (87%) completed the 4-month follow-up telephone questionnaires.

PARTICIPANT CHARACTERISTICS

Demographic information of all enrolled participants is provided in *Table 2*. Participants were mostly female (74.2%), of European descent (89.7%), and between the ages of 45 and 88 years (median age, 67 years). About half of respondents were married (50.2%), with an average household income within the range of $20,000–40,000. The median level of education achieved was the completion of high school. Participants reported an average of 2.6 ± 1.2 chronic conditions. The multi-site tele-CDSMP groups had significantly more female participants than the single-site groups ($p < 0.001$).

COMPARISON OF BASELINE AND 4-MONTH OUTCOMES

Participating in the tele-CDSMP was associated with significant improvements in self-efficacy and each of the health behaviors, including stretching and strengthening exercises, aerobic exercise, cognitive symptom management, and communication with physicians (*Table 3*). For health status, statistically significant improvements in social role function, psychological well-being, energy, and self-reported health and a significant decline in health distress 4 months after completing the tele-CDSMP were observed, with no significant changes in pain or disability.

COMPARISONS BETWEEN SINGLE- AND MULTI-SITE TELE-CDSMP GROUPS

There were no statistically significant differences in the change scores for self-efficacy, health behaviors, and health status variables between participants in the single-site tele-CDSMP and the multi-site

Table 2. Demographic Information and Distribution of Chronic Diseases Among Enrolled Program Participants

DEMOGRAPHIC VARIABLE	*N* (%)		
	OVERALL (*N* = 213)	SINGLE SITE (*N* = 104)	MULTI-SITE (*N* = 109)
Sex			
Female	158 (74.2)	70 (67.3)	88 (80.7)
Male	52 (24.4)	32 (30.8)	20 (18.3)
Missing	3 (1.4)	2 (1.9)	1 (0.9)
Marital status			
Married	107 (50.2)	52 (50.0)	55 (50.5)
Single	14 (6.6)	8 (7.7)	6 (5.5)
Separated	6 (2.8)	4 (3.8)	2 (1.8)
Divorced	26 (12.2)	11 (10.6)	15 (13.8)
Widowed	60 (28.2)	29 (27.9)	31 (28.4)
Education			
<High school	78 (36.6)	36 (34.6)	42 (38.5)
High school	67 (31.5)	36 (34.6)	31 (28.4)
Post-secondary	60 (28.2)	27 (26.0)	33 (30.3)
Graduate	8 (3.7)	5 (4.8)	3 (2.8)
Income ($)			
<20, 000	46 (21.6)	24 (23.1)	22 (20.2)
20,000–40,000	72 (33.8)	36 (34.6)	36 (33.0)
40,000–60,000	48 (22.5)	19 (18.3)	29 (26.6)
60,000–80,000	14 (6.6)	5 (4.8)	9 (8.3)
>80,000	13 (6.1)	10 (9.6)	3 (2.8)
Missing	20 (9.4)	10 (9.6)	10 (9.6)
Chronic condition			
Arthritis	163 (76.5)	83 (79.8)	80 (73.4)
Heart	110 (51.6)	62 (59.6)	48 (44.0)
Lung	68 (31.9)	34 (32.7)	34 (31.2)
Diabetes	59 (27.7)	31 (29.8)	28 (25.7)
Other musculoskeletal	28 (13.1)	12 (11.5)	16 (14.7)
Stroke	19 (8.9)	12 (11.5)	7 (6.4)
Other	37 (17.4)	21 (20.2)	16 (14.7)
Missing	25 (11.7)	9 (8.7)	16 (14.7)

Table 3. Program Outcomes for Participants at Baseline and at 4-Month Follow-Up and Change Scores

OUTCOME	MEAN (SD)			*P* VALUE[a]
	BASELINE	4-MONTH	CHANGE	
Self-efficacy (0–10, ↑ = better)	6.6 (1.8)	7.0 (1.8)	0.41 (1.7)	0.01
Health behaviors				
Stretching and strengthening (number of minutes/week)	51.6 (64.1)	69.5 (69.4)	17.9 (67.1)	< 0.001
Aerobic exercise (number of minutes/week)	131 (120.0)	170.8 (134.2)	39.8 (133.1)	< 0.001
Cognitive symptom management (0–5, ↑ = better)	1.7 (0.9)	2.2 (1.0)	0.55 (0.9)	< 0.001
Communication with physicians (0–5, ↑ = better)	3.2 (1.3)	3.5 (1.3)	0.35 (1.2)	< 0.001
Health status				
Disability (0–3, ↓ = better)	0.4 (0.4)	0.4 (0.4)	− 0.03 (0.3)	0.083
Social role function (0–3, ↓ = better)	1.4 (1.1)	1.2 (1.3)	− 0.16 (1.0)	0.015
Pain/physical discomfort (0–100, ↓ = better)	65.4 (19.7)	63.8 (20.8)	− 1.7 (17.6)	0.191
Psychological well-being (0–5, ↑ = better)	3.6 (0.9)	3.7 (0.9)	0.16 (0.7)	0.001
Energy/fatigue (0–5, ↑ = better)	2.2 (1.1)	2.3 (1.1)	0.14 (.9)	0.04
Health distress (0–5, ↓ = better)	1.7 (1.2)	1.4 (1.2)	− 0.37 (1.1)	< 0.001
Self-reported health (1–5, ↓ = better)	3.3 (1.1)	3.1 (1.0)	− 0.21 (1.0)	0.004

[a]The *P* value corresponds to the significance level for the paired *t* tests and Wilcoxon signed-rank tests performed on all variables between baseline and 4 months.

Table 4. Mean Change in Self-Efficacy, Health Behaviors, and Health Status Scores from Baseline to 4 Months for Participants Enrolled in the Single- Versus Multiple-Site Telehealth Chronic Disease Self-Management Program

CHANGE SCORE	MEAN (SD)		*F* VALUE	*P* VALUE[a]
	SINGLE SITE	MULTIPLE SITE		
Self-efficacy	0.2 (1.8)	0.6 (1.6)	2.0	0.157
Health behaviors				
Stretching and strengthening	18.1 (56.5)	16.8 (76.6)	0.0	0.924
Aerobic exercise	52.3 (132.9)	26.5 (128.9)	1.6	0.203
Cognitive symptom management	0.5 (0.9)	0.6 (0.9)	1.0	0.320
Communication with physicians	0.4 (1.1)	0.4 (1.3)	0.0	0.935
Health status				
Disability	0.0 (0.3)	− 0.0 (0.3)	3.6	0.06
Social/role function	− 0.1 (1.0)	− 0.2 (1.0)	0.0	0.966
Pain/physical discomfort	− 14.4 (81.2)	− 3.1 (19.2)	0.6	0.457
Psychological well-being	0.1 (0.7)	0.2 (0.6)	1.0	0.315
Energy/fatigue	0.1 (0.8)	0.2 (1.1)	0.3	0.616
Health distress	− 0.3 (1.1)	− 0.4 (1.0)	0.0	0.928
Self-rated health	− 0.0 (0.9)	− 0.3 (0.9)	3.9	0.05

[a]The *P* value corresponds to the significance level for the analysis of covariance models estimated for all change scores (difference between variables at 4 months and baseline), with age, sex, education level, and total number of chronic conditions as covariates.

SD, standard deviation.

tele-CDSMP groups from baseline to 4-month follow-up, after adjusting for covariates (Table 4). Greater changes in self-rated health for those in the multi-site tele-CDSMP groups than for those in the single-site tele-CDSMP groups ($p = 0.05$) were noted.

Discussion

The findings of this study indicate that using telehealth to deliver the Stanford CDSMP to participants in rural and remote areas improves their self-efficacy in managing their condition, promotes positive health behaviors, and increases health status 4 months after participating in the program. More important is that we also found no differences in outcomes between the single- and the multi-site groups with the exception of self-rated health, which improved more in the multi-site groups. Our findings suggest that this model could be used to connect several virtual groups to the same lay leader.

Fourteen studies, conducted in various countries (six in the United States, three in the United Kingdom, and one each in China, Hong Kong, Japan, Australia, and The Netherlands) have evaluated the CDSMP compared with a control group using self-efficacy as an outcome.[3,4,7,9–13,19–24] Only three studies evaluated variants of the in-person CDSMP, the Internet version and its update, the Expert Patients Programme (EPP) online,[8,19] and Homing in on Health (HIOH),[13] which is delivered one-on-one in homes or by telephone for 6 weeks. The purpose of HIOH was to make the CDSMP available to those unable to participate in group settings, those with functional limitations, transportation problems, and/or discomfort with groups.

Similar to the current study, 11 of the 14 in-person studies evaluating the CDSMP had 70% or more women participating. The distribution of diseases varied across the studies, but the majority had some combination of participants with arthritis, heart disease, lung disease, and diabetes and similar age distributions. The attendance rate (74%) in our study was similar to that seen in other studies where the majority of participants attended at least half the sessions. We did find a significant effect of the tele-CDSMP on illness management self-efficacy after the intervention with a change score comparable to that in other CDSMP studies, suggesting successful implementation of the intervention. Of the nine studies evaluating self-efficacy,[3,7,10,11,13,21–23,25] all but one found a statistically significant improvement following participation in the CDSMP. Eleven[3,4,7,9–11,13,19,23,24,26] of the 14 studies reported on exercise behavior, and in all but one study, aerobic exercise behavior significantly increased. The findings for the other health behaviors (cognitive symptom management and communication with healthcare providers) and health status measures have been mixed. Possible explanations for the differences in findings or inconsistent effects across studies include variability in the characteristics of the populations studied, program implementation, or chance effects due multiple outcomes testing. Effects also differ among the CDSMP variants, the EPP online, and the HIOH. For the EPP online[19] and the HIOH one-on-one home visits,[13,27] improvements were similar to those seen with the in-person program, whereas no significant effects were observed for the HIOH delivered by telephone. A possible explanation may be that face-to-face peer interaction, like that of the tele-CDSMP, may produce a more powerful therapeutic alliance than is possible by telephone. This does not explain the positive effects for the online program, which had no face-to-face interaction. It should be noted that the EPP online recruited those with an interest in online learning and allowed for virtual support through an e-mail buddy system and bulletin board discussion groups, which may explain why they did not need face-to-face interaction.[8,28]

Although this is one of the few studies of the CDSMP in a rural setting,[15] it had several limitations. First, it was not a randomized trial, and this was intentional, given the study setting. The purpose was to increase access to small communities that would not have the capacity to conduct the standard CDSMP. Multi-site communities did not have the capacity to be randomized to single-site delivery. Second, the possibility cannot be ruled out that those who did not benefit from the course were more likely than those who benefitted to have dropped out. Thus, the results apply most strongly to those willing to participate in a program and complete questionnaires after participation. Another limitation is that the outcomes were measured at 4 months and not longer term to establish sustainability.

In conclusion, the tele-CDSMP adds to the research on CDSMP variants and is one of the first studies on a Canadian population. It is also one of the first studies reported in the literature to deliver the CDSMP via telehealth. The findings indicate that using telehealth to deliver the Stanford CDSMP to participants in rural and remote areas in Canada results in significant improvements in self-efficacy, health behaviors, and health status that are comparable to the traditional in-person program. With the exception of self-rated health, which improved more in the multi-site groups, no differences were found in outcomes between the single- and the multi-site groups, suggesting that a virtual group connected to the same lay leader is equally effective. Unlike the Internet-based intervention, it is not limited to those who can read. Like the EPP online, the tele-CDSMP should not be viewed as a replacement for the traditional CDSMP but rather as an additional means of reaching populations with limited access to community-based programs.

Acknowledgments

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Disclosure Statement

No competing financial interests exist.

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Marketing to Hospitals

By: Julian Amchislavsky, *MSc(OT), Candidate 2014*

Developed for the Arthritis Society

January, 2014

Contact targets:

Hospitals:

Each hospital will have a hierarchical structure that may or may not help market these types of services effectively. On paper, the '*Hospital Administrator*' (*CEO*) is responsible for all marketing operations inside the hospital and for the final decision of allowing or denying any such services. If a marketing department is a part of the administrative structure, then the '*Marketing Director*' will be responsible to deliver such proposals to the Administrator. However, depending on the structure of the hospital and whether similar external services have been offered from another organization/society before, the preferred initial contact department could be either:

1. '*Medical affairs*', in which case, the 'medical affairs administrator/coordinator is the initial contact person
2. '*Health information management'*, in which case, the 'information coordinator' is the initial contact person
3. '*Business office'* – in which case, the coordinator can direct to the required person.

It is possible to try to contact upper management immediately, as the arthritis society is a credible non-for profit corporation, however the proposal would need to be ready, and a clear strategy plan outlined. The hospital will minimally assist with verbal marketing to patients at best; therefore, the following information delivery strategies could potentially be most effective:

1. **Pamphlets:** Majority of hospitals have clinics that can be targeted to offer a more direct method of service marketing , such as out-patient, rheumatology and surgical clinics. Patients can be provided short pamphlets to take home that provide all information with regards to arthritis society and telemedicine services.

2. **Patient Newsletter:** There are hospitals that already connect to their patients via the Internet/Mail. This provides an invaluable link to all hospital patients. The hospital may be able to offer some space in the newsletter that the Arthritis Society can use to market their services. *The *Information technology department* is usually responsible for all network support and the Information technology coordinator would be a good initial contact regarding the project, after approval is acquired from upper management. It would be beneficial to design an internet/hard print pamphlet template that would serve same purpose as a generic stand-alone pamphlet proposed in section 1.
3. **Staff Electronic Mail:** There are volumes of internal staff email sent every day, it may be possible to receive permit from upper management to market the arthritis society to select physicians/specialists that attend to the majority of arthritis patients.
4. **Hospital Rounds/Lunches:** These hospital/non hospital events contain many hospital interdisciplinary professionals. This can be a valuable way to obtain exposure and introduce these services in person. This can work as an initial/final strategy.it is probably a good reinforcing strategy after the initial marketing strategies have already been created, this strategy can be very useful to remind professional staff about our services.

- In many instances, hospitals hold weekly lunches where selected speakers present any hospital-relevant information such as case studies, progress in research, various updates on changes in policy and present additional resources. Group therapy through telemedicine for arthritis patients can be presented as a valuable additional resource.

Public Agencies:

Public agencies possess a structure that could be similar or relatively simplified when compared to the hospital setting. In many smaller agencies, A '*Coordinator/Administrator'* is usually responsible for intake/delivery of new marketing opportunities to management and can be contacted. There are a few methods of delivery that can be more specific to such environments:

Special/Charitable Events:

Telemedicine is not just a treatment delivery method unique to group therapy for Arthritis. It is a technological milestone, enabling vastly superior connection. There are special charitable events such as '*Walk to Fight Arthritis' or 'Joints in Motion'* initiated by other public

agencies. Marketing Telemedicine as a method of delivery, listing goals and advantages can increase awareness and create additional collaboration. It is important to keep track of these events and evaluate when it is fitting and appropriate to present/mention Telemedicine.
Examples:

- Initiating/familiarizing internal staff with telemedicine for regional team meetings
- If possible, integrating telemedicine with arthritis society's **special** regional community events such as '*Taking Charge Of Your Osteoarthritis' or 'Chronic Pain Management Workshop'*

******There are instances when patients can connect from home to online webinars, or there can be an additional time slot allocated to existing events in telemedicine form only.

Eventual Integration of Telemedicine into more than just a method of interaction with patients will help acquire additional experience.

Referral Networks:

In business, it is always cost effective to acquire referrals from an already existing network, rather than spending resources creating a new line. **Private Clinics** gladly use free resources if these are a valid supplement to their own provision. Creating networks with private clinics can be useful. Delivery strategies 1-4 can easily be applied to increase awareness of the arthritis society and group therapy via telemedicine. The contact individual is usually *'clinic director'*. The hierarchical structure of the clinic is usually simple; naturally, marketing goals are easier to achieve.

Retirement Homes:
Retirement home communities such as *'Amica Mature Lifestyles'* present an opportunity to connect with elderly patients, who are at higher risk for arthritis. Delivery methods 1-2, 4 can be effective. There is often a small interdisciplinary team recruited by the management of the retirement home to oversee safe living in an increased risk population. The *'Coordinator'* is often the necessary contact person. Retirement homes can potentially have multiple arthritis

patients residing. Group therapy telemedicine services can potentially be provided from the nursing home itself.

Contacting Host Sites:

Developed for the Arthritis Society

December, 2013

Ask who is the telemedicine contact at the site, and if they could speak with you or if you can leave a message or e-mail them. The information we want to get across to them is below:

Hi, I am (your name here) and I am an occupational therapy student who is partnering with the Arthritis Society to launch a province wide OTN initiative. We have heard great things about your use of OTN in the community, and we were wondering if you had a few minutes to listen to our proposal?

The intention of this project is to expand the reach of the therapeutic groups that the Arthritis Society currently offers to more people in more locations across the province. Currently an Arthritis Society therapist runs the groups within several communities, but it must be done one location at a time. The hope is that through the use of the OTN technology they could run groups simultaneously in several locations, but only having to use one therapist, located at a host site. That's why we are contacting you! Typically London groups are run out of the Arthritis Society's office downtown, but we are not equipped with OTN. We are approaching you to see if a community partnership could be made where the Arthritis Society could use (insert site name here) as "host" site for these telemedicine groups. I will give you a few more details on what this entails, below:

- Group sessions would be 2-3 hours in length
- Would start out at once a month (potentially increasing up to 4x/month)
- Groups are typically made up of individuals with osteoarthritis, rheumatoid arthritis, or fibromyalgia therefore we would require an accessible room that could accommodate up to 10-12 people comfortably (would not involve residents of the nursing home, groups made up of individuals who have been referred to the Arthritis Society)
- Assistance setting up the room and equipment would be great, but as this would be a host site and a therapist (PT or OT) would be present its not entirely necessary
- Looking to launch the first group the end of February or early March

These are just the basic details. The Arthritis Society would be responsible for all of the planning involved in the group, i.e. contacting the individual group participants. Again, emphasize that group participants are *not* intended to be residents of your facility, rather most will live in the community and will have received a referral to the Arthritis Society to attend a group. The major responsibility that would fall on (insert site name here) would be to ensure the room is free, and help with scheduling the OTN event/equipment.

Thank you for your time. Questions? Meeting?

Contacting Satellite Sites:

Developed for the Arthritis Society

December, 2013

Ask who is the telemedicine contact at the site, and if they could speak with you or if you can leave a message or e-mail them. The information we want to get across to them is below:

Hi, I am (your name here) and I am an occupational therapy student who is partnering with the Arthritis Society to launch a province wide OTN initiative. We are interested in learning a bit more about your facility and your OTN equipment, in the hopes of running some therapeutic groups for our patients in your area. Do you have a few minutes to listen to our proposal?

The intention of this project is to expand the reach of the therapeutic groups that the Arthritis Society currently offers to more people in more locations across the province. Currently an Arthritis Society therapist runs the groups within several communities, but it must be done one location at a time. The hope is that through the use of the OTN technology they could run groups simultaneously in several locations, but only having to use one therapist, located at a host site. We are approaching you to see if your facility would be a good fit for the Arthritis Society's patients to attend a group. An Arthritis Society therapist would run the group from a remote location, via the OTN technology. I will give you a few more details on what this entails, below:

- Group sessions would be 2-3 hours in length
- Would start out with one group, and if it is a good fit it could potentially increase in frequency (up to 3-4/month)
- Groups are typically made up of individuals with osteoarthritis, rheumatoid arthritis, or fibromyalgia therefore we would require an accessible room that could accommodate up to 10 people comfortably
- Assistance setting up the room and equipment, someone to greet and direct the patients to the room, and someone onsite to help if there are technical difficulties
- Looking to launch the first group the end of February or early March

These are just the basic details. The Arthritis Society would be responsible for all of the planning involved in the group, i.e. contacting the individual group participants. If you are interested, your facility would just have to ensure the room is free during the schedule times, and that there is a staff member on site to direct the group members.

Thank you for your time. Questions?

****Try to get a contact name, and number!!!**

Ontario Telemedicine Network Presenter Guide

By: Sarah Boright *MSc(OT), Candidate 2014*

Developed for the Arthritis Society

January, 2014

Although videoconferencing is an effective communication medium, you must be prepared to accept a small loss of resolution. Your visual guides need to be adapted in order to maximize the audience's view at both the local and remote sites. The following suggestions will help presenters create effective PowerPoint slides:

- **Use a simple PowerPoint template in landscape format**
    - Use dark print with a plain light background or light print and a plain dark background (a **dark blue** background is recommended)
- **Allow for 1 inch margins on all borders**
- **Limit the amount of words per slide**
    - Use no more than **5** bullets of information per slide
    - Use brief phrases instead of sentences
- **Keep graphics simple**
    - Use simple bold tables like pie charts or bar graphs
    - Avoid complex tables and scatter plots
- **Use a consistent font size**
    - At least **30-point font for text** and **44 for headings**
- **Select a simple, clear, and bold font**
    - Arial, Tahoma, Veranda
    - *Avoid italics*
    - Use lower case for text
- **Avoid animation and special effects (sounds, fly-ons, fade-ins)**
    - Use simple slide transitions
- **Send a copy of the presentation to all receiving sites for distribution (in case of problems)**
- **If possible, have a second medium available (hard copy and document camera)**

Etiquette Guidelines

- **Participate in an audio-visual check**
  - Start the video conference with a roll call or speak with the host site
- **Mute appropriately**
  - Remember to **mute when not speaking**. This will ensure that video does not switch to another site if someone makes a noise when using the voice activated mode
  - **If you need to move the microphone during the session, mute first**
- **Engage the remote audience**
  - Look into the camera when you are speaking. This helps you to maintain good eye contact with the remote audience
  - Do not move out of camera range so that people are always able to see you
- **Speak clearly and naturally**
  - The microphone will automatically amplify sound
  - There is no need to shout. Quiet talkers should sit closer to the microphone
  - Modulate your voice so that it is not monotone
- **Pause Between Speakers**
  - Due to a **slight audio delay**, pause and wait for longer than normal period it you want to be able to hear comments or are experiencing a response from other sites
- **Reduce background noise**
  - Avoid unnecessary tapping, rustling of papers, and side conversations when your site is speaking, as this will add audio noise at the receiving sites
- **Enhance video display**
  - Avoid rapid movement or erratic hand gestures
  - Avoid wearing clothing with loud patterns, or solid red and white
- **Professional behaviour**
  - Be aware of the scheduled start and end time
  - Assume that you are visible and can be heard throughout the session
  - Do not interrupt when others are talking and use respectful language at all times
  - Focus discussion and questions on the content of the session
  - Respect individual confidentiality

- **Administrative meetings**
    - Participants at all sites should be introduced
    - Say your name and site the first few times you respond to help familiarize others with your voice
- **After the session**
    - Leave room clean and put OTN equipment away

Useful Contacts (If Something Goes Wrong)

1. **Service Desk****
    - Responds to OTN customers by providing technical support before, during and after videoconferences
    - **Call when:**
        - Call does not connect
        - Video camera problems
        - Call quality is poor
        - Call drops and you are unable to reconnect
    - **1-866-454-6861**
    - Hours: Monday-Friday 7:00 am to 7:00 pm
    - servicedesk@otn.ca
2. **Contact Centre****
    - Respond to OTN customers by providing technical support before, during and after videoconferences
    - **1-866-454-6861**
    - customersupport@otn.ca
3. **Training Team**
    - Provide live training sessions to new OTN customers that focus on knowledge acquisition and application
    - training@otn.ca
4. **Privacy Officer**
    - Contact OTN's Privacy Team if you experience a privacy breach at your site
    - privacy@otn.ca

Contact the organizational IT staff or Telemedicine Coordinator when:

- Your internet is down
- Network cable is missing or broken
- You cannot find the remote control
- You do not know whit network jack to plug into

This contact will be different at each site, so be sure to know who the contact is before arriving at the site

Adapted from the OTN Presenter Guide and Etiquette Guidelines

Barriers and Difficulties

By: Sarah Boright, MSc(OT), Candidate 2014

Developed for the Arthritis Society

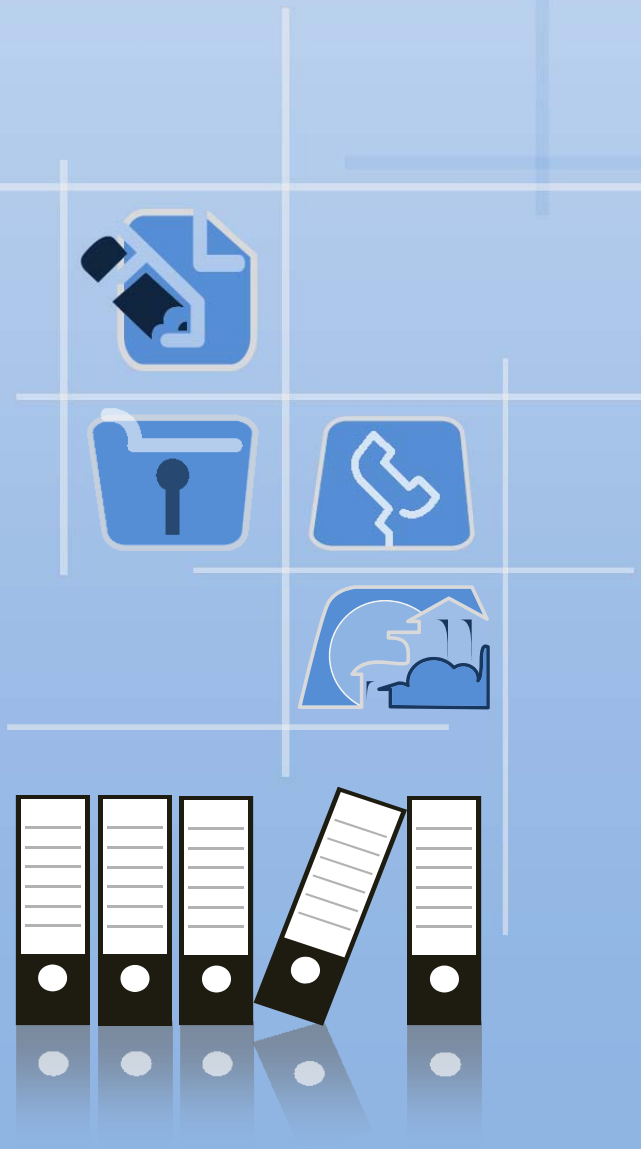
March, 2014

This document outlines some of the barriers and difficulties our group encountered while trying to contact potential OTN sites and search for relevant literature.

- Many sites lacked knowledge regarding their OTN equipment including:
    - What OTN/telemedicine is generally
    - Who is responsible for the OTN equipment at their site (OTN contact)
    - Sites did not know who to forward our calls/emails to
- Communicating via telephone was often challenging
    - The script for the initial phone call contains a lot of important information, and people sometimes had a difficult time understanding our proposal
    - Sometimes it was difficult to contact people directly, and often multiple voice mails were left or we ended up playing 'telephone tag'
    - Often, our calls were not returned at all, and we were required to call sites multiple times per week
- Email correspondence was occasionally challenging
    - Sometimes people would not respond to our emails at all or would not reply in a timely fashion
- The Holiday Season
    - We began contacting sites right before Christmas 2013, and many people were on vacation and could not reply to our calls/emails until after the first week in January 2014
- Finding relevant literature
    - We experienced a lot of difficulty finding relevant research that looked at the effectiveness of running therapeutic groups via telemedicine-only a few relevant studies were found
    - Most of the research related to telehomecare, mental health and health professional consultation

- We also attempted to contact other local organizations who run groups via OTN to try and gain some insight into their experiences with using the equipment to run groups and were unsuccessful

OTN Sites Directory



The Arthritis Society

Introduction

This directory provides you with the contact information of sites and telemedicine coordinators that have telemedicine equipment at their facility. These sites are organized based on their associations and partnerships with the Arthritis Society and is represented by the organization's logo.

Table of Contents

Chatham

Clinton

Goderich

London

Owen Sound

St. Thomas

Sarnia

Sauble Beach

Stratford

Windsor

Woodstock

Chatham

Name	Erie St. Clair CCAC- Riverview Drive
Type of Site	Clinical, administrative, educational
Address	462 Riverview Drive, Chatham, Ontario, N7M 5J5
Telemedicine Contact	Erin Isbell (erin.isbell@esc.ccac-ont.ca)
Phone Number	519-351-7080 ext. 7220
Fax	519-351-5842

Name	Riverview Gardens Long-Term Care
Type of Site	Long-Term Care (clinical)
Address	519 King Street West, Chatham, Ontario, N7M 1G8
Phone Number of Site	519-352-4823
Telemedicine Contact	Tammy Giller (Director of Care)

Name	Erie St. Clair CCAC- Richmond Street
Type of Site	Clinical, administrative, educational
Address	712 Richmond Street, Chatham, Ontario, N7M 5K4
Telemedicine Contact	Erin Isbell (erin.isbell@esc.ccac-ont.ca)
Phone Number	519-351-7080 ext. 7220

Name	Regional Support Associates- Chatham
Type of Site	Clinical, administrative, educational
Address	330 Richmond Street Suite 102, Chatham, Ontario, N7M 1P7
Phone Number of Site	519-354-2156
Telemedicine Contact	N/A

Name	Children's Treatment Center of Chatham-Kent
Type of Site	Clinical, administrative, educational
Address	355 Lark Street, Chatham, Ontario, N7L 5B2
Phone Number of Site	519-354-0520
Telemedicine Contact	N/A

Name	Canadian Mental Health Association- Chatham-Kent Branch
Type of Site	Clinical, administrative, educational
Address	240 Grand Avenue W. Suite 100, Chatham, Ontario, N7L 1C1
Phone Number of Site	519-436-6100
Telemedicine Contact	N/A

Name	Copper Terrace Long-Term Care Facility
Type of Site	Clinical
Address	91 Tecumseh Road, Chatham, Ontario, N7M 1B3
Phone Number of Site	519-354-5442
Telemedicine Contact	N/A

Name	Chatham Kent Child and Adolescent Clinic
Type of Site	Clinical, educational
Address	202 King Street West, Chatham, Ontario, N7M 1E5
Telemedicine Contact/Phone Number	519-358-1880 (Dr. Johnston and Edwards), 519-351-9322 (Dr. Tithecott) or 519-358-7410 (Jill Nooyen)

Name	Bluewater Methadone Clinic- Chatham
Type of Site	Clinical
Address	69 Grand Avenue, Chatham, Ontario, N8A 4K1
Phone Number of Site	519-351-5800
Telemedicine Contact	N/A

Name	Chatham-Kent Children's Services
Type of Site	Clinical, administrative, educational
Address	495 Grand Avenue West, Chatham, Ontario, N7L 1C5
Phone Number of Site	519-352-0440
Telemedicine Contact	N/A

Name	Chatham-Kent Community Health Centers- Chatham
Type of Site	Clinical, administrative, educational
Address	150 Richmond Street, Chatham, Ontario, N7M 1N9
Phone Number of Site	519-397-5455
Telemedicine Contact	Lydia Dobocher

Name	Chatham-Kent Health Alliance
Type of Site	Clinical, administrative, educational
Address	80 Grand Avenue West P.O. Box 2030, Chatham, Ontario, N7M 5L9
Telemedicine Contact	Deb Brown (dbrown@chka.on.ca)
Phone Number	519-437-6085

Name	Chatham-Kent ACT
Type of Site	Administrative, educational
Catchment Area Serviced	N/A
Address	75 Thames Street (2nd floor), Chatham, Ontario, N7L 1S4
Phone Number of Site	519-355-0667
Telemedicine Contact	N/A

Name	Thamesview Family Health Team
Type of Site	Family health clinic (clinical, educational)
Address	465 Grand Avenue West, Chatham, Ontario, N7L 1C5
Phone Number of Site	519-354-0070 (Programs and Administration)
Telemedicine Contact	N/A

Name	Erie St. Clair LHIN (Canadian Red Cross)
Type of Site	Administrative, educational
Address	180 Riverview Drive, Chatham, Ontario, N7M 5Z8
Phone Number of Site	1-866-231-5446 or 519-351-5677
Telemedicine Contact	N/A

Name	Tilbury District Family Health Team
Type of Site	clinical, administrative, educational
Address	22 Mill Street, Chatham, Ontario, N0P 2L0
Telemedicine Contact	Amber Hachey (ahachey@tdfht.ca) or Sharon Moore (smoore@tdfht.ca)
Phone Number	519-682-9053 ext. 227 or 519-682-2307 ext. 246

Name	Chatham-Kent Health Alliance- Sydenham District Hospital
Type of Site	clinical, administrative, educational
Address	325 Margaret Ave P.O. Box 2030, Wallaceburg, On, N8A 2A7
Telemedicine Contact	Melissa Pilon or Deb Brown (dbrown@ckha.on.ca)
Phone Number	519-352-6401 ext. 6484 or 519-437-6085
Fax	519-436-2555 or 519-436-2545

Name	Chatham-Kent Community Health Centers- Wallaceburg
Type of Site	Clinical, administrative, educational
Address	820 Dufferin Avenue, Wallaceburg, Ontario, N8A 2V4
Phone Number of Site	519-627-8686
Telemedicine Contact	N/A

Name	Chatham-Kent Community Health Center- Walpole Island
Type of Site	clinical, administrative and educational
Address	785 Tecumseh Road, Walpole Island, Ontario, N8A 4K9
Telemedicine Contact	Lydia Debakker (Lydia.debakker@ckchc.ca)
Phone Number	519-397-5455 ext. 306
Fax	519-627-4436

Clinton

Name	Huron Perth Health Alliance - Clinton Public Hospital
Type of Site	N/A
Address	98 Shipley Street, Clinton, ON, N0M1L0
Phone Number of Site	(519) 482-3447
Telemedicine Contact	N/A

Name	ONE CARE Clinton - Betty Cardno Memorial Centre and Clinton Adult Day Centre
Type of Site	N/A
Address	317 Huron St., Clinton, ON, N0M 1L0
Phone Number of Site	519-482-7943
Telemedicine Contact	Roxanne

Name	Clinton Family Health Team
Type of Site	N/A
Address	105 Shipley St., Clinton, ON, N0M 1L0
Phone Number of Site	(519) 482-3000
Telemedicine Contact	N/A

Name	Alzheimer Society of Huron County
Type of Site	N/A
Address	317 Huron Rd,Clinton, ON, N0M 1L0
Phone Number of Site	(519) 482-1482
Telemedicine Contact	N/A

Name	Clinton Community Psychiatric Services
Type of Site	N/A
Address	56 Mary St, Clinton, ON, N0M 1L0
Phone Number of Site	(519) 482-3961
Telemedicine Contact	N/A

Goderich

Name	Alexandra Marine and General Hospital
Type of Site	N/A
Address	120 Napier Street, Goderich, ON N7A1W5
Phone Number of Site	519-524-8323 x5402
Telemedicine Contact	Betty Popp (betty.popp@amgh.ca) Jennifer Ure (Jennifer.ure@amgh.ca)

Name	Community Living Central Huron
Type of Site	N/A
Address	267 Suncoast Drive East, Box 527, Goderich, ON, N7A4C7
Phone Number of Site	(519) 524-7362
Telemedicine Contact	N/A

Name	Maitland Manor
Type of Site	N/A
Address	290 South St., Goderich, ON, N7A 4G6
Phone Number of Site	(519) 524-7324
Telemedicine Contact	Kylynne MacDonald (kymmacdonald@extendicare.com)

Name	Goderich Community Psychiatric Services
Type of Site	N/A
Address	274 Huron Road, Goderich, ON, N7A 3A2
Phone Number of Site	(519) 524-8316
Telemedicine Contact	N/A

London

Name	Thames Valley Children's Centre
Type of Site	Clinical, Administrative, Educational
Address	779 Baseline Road East, London, ON N6C5Z2
Phone Number of Site	519-685-8680, ext. 53454
Telemedicine Contact	N/A

Name	McGarrell Place
Type of Site	Administrative
Address	355 McGarrell Drive, London, ON N6G 0B1
Phone Number of Site	(519) 672-0500
Telemedicine Contact	Jen Kunz

Name	South West LHIN
Type of Site	Administrative, Educational
Address	201 Queens Ave., Suite 700, London, ON N6A1J1
Phone Number of Site	519-640-2590
Telemedicine Contact	Gloria Smith (E-health specialist)

Name	Middlesex London Health Unit
Type of Site	Administrative, Educational
Address	50 King Street, London, ON N6A5L7
Phone Number of Site	519-663-5317
Telemedicine Contact	N/A

Name	PeopleCare - Oakcrossing
Type of Site	Clinical, Administrative, Educational
Address	1242 Oakcrossing Dr, London, ON N6H 0G2
Phone Number of Site	519-641-0023 x206
Telemedicine Contact	Siska Soedarmasto (ssoedarmasto@peoplecare.on.ca)

Name	Addiction Services of Thames Valley
Type of Site	Clinical, Administrative, Educational
Address	200 Queens Ave. Suite 260, London, ON N6A 1J3
Telemedicine Contact	Peggy Harper
Phone Number	519-673-3666 x269
Fax	519-673-1022

Name	Connex Ontario
Type of Site	Administrative
Address	685 Richmond Street Suite 200, London ON N6A5M1
Phone Number of Site	519-641-0023 x206
Telemedicine Contact	N/A

Name	LHSC - South Street Hospital
Type of Site	Administrative, Educational
Address	375 South Street PO Box 5375, London, ON N6A4G5
Phone Number of Site	519-685-8500
Telemedicine Contact	N/A

Name	Regional Support Associates
Type of Site	Clinical, Administrative, Educational
Address	633 Colborne Street, London, ON N6B2V3
Phone Number of Site	519-433-7238
Telemedicine Contact	N/A

Name	St. Joseph's Health Care
Type of Site	Clinical, Administrative, Educational
Address	850 Highbury Ave, London ON N6A4H1
Phone Number of Site	519 455-5110
Telemedicine Contact	N/A

Name	Christian Horizons - South District
Type of Site	Administrative, Educational
Address	317 Consortium Court, London ON N6E2S8
Phone Number of Site	519-686-4800
Telemedicine Contact	N/A

Name	South West CCAC - London
Type of Site	Administrative, Educational
Address	356 Oxford Street West, London ON N6H1T3
Phone Number of Site	(519) 473-2222
Telemedicine Contact	Gloria Smith

Name	Chelsey Park Oxford
Type of Site	N/A
Address	310 Oxford St. West, London ON N6H4N6
Phone Number of Site	(519) 432-1855
Telemedicine Contact	N/A

Name	Community Services Coordination Network - London
Type of Site	Clinical, Administrative
Address	171 Queen's Ave. Suite 750, London ON N6A5J7
Phone Number of Site	(519) 438-4783
Telemedicine Contact	N/A

Name	Dearness Home
Type of Site	Clinical, Administrative, Educational
Address	710 Southdale Rd. East, London ON N6E1R8
Phone Number of Site	(519) 661-0400
Telemedicine Contact	N/A

Name	McCormick Home
Type of Site	Administrative, Educational
Address	2022 Kains Rd., London ON N6K0A8
Phone Number of Site	(519) 432-2648
Telemedicine Contact	N/A

Name	London Assertive Community Treatment Team
Type of Site	Administrative, Educational
Address	648 Huron St., London ON N5Y4J8
Phone Number of Site	519-434-9191
Telemedicine Contact	N/A

Owen Sound

Name	Community Living Owen Sound & District
Type of Site	Clinical, Administrative, Educational
Address	769 4th Avenue East, Owen Sound, N4K2N5, Ontario
Phone Number of Site	519-371-3644 ext. 229
Telemedicine Contact	Heather

Name	South West CCAC – Owen Sound
Type of Site	Administrative, Educational
Address	1415 1st Ave West, Suite 3014, Owen Sound, N4K4K8, Ontario
Phone Number of Site	519-473-2222
Telemedicine Contact	N/A

Name	Grey Bruce Health Services – Owen Sound Site
Type of Site	Clinical, Administrative, Educational
Address	1800 – 8th St E. P.O Box 1800, Owen Sound, N4K6M8, Ontario
Phone Number of Site	519-376-2121
Telemedicine Contact	N/A

Name	Ontario Addiction Treatment Centres – Owen Sound
Type of Site	Clinical
Address	1161 2nd Ave. East, Owen Sound, N4K2J1, Ontario
Phone Number of Site	519-371-0007
Telemedicine Contact	N/A

The Arthritis Society

Name	Canadian Red Cross Society – Owen Sound Branch
Type of Site	Administrative, Educational
Address	1139 2nd Ave. East, Owen Sound, N4K2J1, Ontario
Phone Number of Site	519-376-7579
Telemedicine Contact	Catherine Atchison

Name	Georgian College – Owen Sound Campus
Type of Site	Administrative, Educational
Address	1450 8th St. East, Owen Sound, N4K5R4, Ontario
Phone Number of Site	519-376-0840
Telemedicine Contact	N/A

Name	Canadian Mental Health Association – Owen Sound
Type of Site	Administrative, Educational
Address	1024 2nd Ave. East, Owen Sound, N4K2H7, Ontario
Phone Number of Site	519-371-3642
Telemedicine Contact	N/A

Name	Owen Sound Family Health Team
Type of Site	Administrative, Educational, Clinical
Address	1415 1st Avenue West, Owen Sound, N4K4K8, Ontario
Phone Number of Site	519-470-3030 ext. 125
Telemedicine Contact	Wendy Roberts

St. Thomas

Name	St. Joseph's Regional Mental Health Care - St. Thomas
Type of Site	Clinical, Administrative, Educational
Address	467 Sunset Drive, St. Thomas ON N6P3V9
Phone Number of Site	(519) 631-8510
Telemedicine Contact	N/A

Name	St. Thomas Elgin General Hospital
Type of Site	Clinical, Administrative, Educational
Address	189 Elm Street P.O. Box 2007, St. Thomas ON N5R5C4
Phone Number of Site	(519) 631-1450
Telemedicine Contact	N/A

Name	South West CCAC - St. Thomas
Type of Site	N/A
Address	1063 Talbot St. Unit 70, St. Thomas ON N5P1G4
Phone Number of Site	519-631-9907
Telemedicine Contact	N/A

Name	Oxford-Elgin Child & Youth Centre - St. Thomas
Type of Site	Clinical, Administrative, Educational
Address	300 South Edgeware Rd., St. Thomas ON N5P 4L1
Phone Number of Site	519-637-2673
Telemedicine Contact	N/A

Name	Canadian Mental Health Association - Elgin Branch
Type of Site	Clinical, Administrative, Educational
Address	110 Centre St., St. Thomas ON N5R2Z9
Phone Number of Site	(519) 633-1781
Telemedicine Contact	N/A

Sarnia

Name	Canadian Mental Health Association – Lambton County
Type of Site	Clinical, Administrative, Educational
Address	210 Lochiel St., Sarnia, ON, N7T 4C7
Phone Number of Site	(519) 337-5411
Telemedicine Contact	N/A

Name	Erie St. Clair CCAC – Pontiac Drive
Type of Site	Administrative, Educational
Address	1150 Pontiac Drive, Box 185, Sarnia, ON, N7T7H9
Phone Number of Site	(519) 337-1000
Telemedicine Contact	N/A

Name	The Mackenzie Clinic
Type of Site	N/A
Address	168 Essex Street, Sarnia, ON, N7T 4R9
Phone Number of Site	(519) 337-7535
Telemedicine Contact	N/A

Name	St. Joseph's Hospice of Sarnia
Type of Site	Administrative, Educational
Address	475 Christina Street North, Sarnia, ON, N7T 5W3
Phone Number of Site	(519) 337-0537
Telemedicine Contact	N/A

Name	Bluewater Health – Mitton Site
Type of Site	Administrative
Address	220 North Mitton Street, Sarnia, ON, N7T 6H6
Phone Number of Site	(519) 464-4400
Telemedicine Contact	N/A

Name	County of Lambton CHSD – Point Edward
Type of Site	Administrative, Educational
Address	160 Exmouth Street, Point Edward, ON, N7T 7T6
Phone Number of Site	519-383-8331
Telemedicine Contact	N/A

Name	Bluewater Health – Norman Site
Type of Site	Clinical, Administrative, Educational
Address	89 Norman Street, Sarnia, ON, N7T 6S3
Phone Number of Site	519-464-4400 x 5251
Telemedicine Contact	Jill Campbell
Scheduling Instructions	Site is available 0800 – 1600 Monday to Friday. Contact otngroup@bluewaterhealth.ca for availability.

Name	Community Services Coordination Network - The Chris Dawson Centre
Type of Site	Administrative
Address	420 East Street North, Suite 14, Sarnia, ON, N7T6Y5
Phone Number of Site	519-333-6864
Telemedicine Contact	N/A

Name	West Lambton Community Health Centre
Type of Site	Clinical, Administrative, Educational
Address	439 Exmouth Street, Sarnia, ON, N7T 5R1
Phone Number of Site	(519) 344-3017
Telemedicine Contact	N/A

Name	Community Living Sarnia-Lambton
Type of Site	Clinical, Administrative, Educational
Address	551 Exmouth Street, Suite 202, Sarnia, ON, N7T 5P6
Phone Number of Site	(519) 332-0560
Telemedicine Contact	N/A

Name	St. Clair Child and Youth Services
Type of Site	Clinical, Administrative, Educational
Address	129 Kendall Street, Point Edward, ON, N7V 4G6
Phone Number of Site	(519) 337-3701
Telemedicine Contact	N/A

Name	Thames Valley Children's Centre – Sarnia Autism Program
Type of Site	Administrative
Address	1457 London Road, Sarnia, ON, N7S 6K4
Phone Number of Site	Unable to locate
Telemedicine Contact	N/A

Name	Twin Bridges
Type of Site	Administrative
Address	109 Crawford St., Sarnia, ON, N7T 2Y7
Phone Number of Site	(226) 776-9030
Telemedicine Contact	Valerie Winberg – Clinical Leader (Valerie@tbnplc.com) Deb Cresswell – Admin Leader (deb@tbnplc.com)

Name	VON Canada – Sarnia-Lambton
Type of Site	Administrative, Educational
Address	1705 London Line, Sarnia, ON, N7W 1B2
Phone Number of Site	519-542-2310 x 4228
Telemedicine Contact	Melissa Crowe (melissa.crowe@von.ca)

Name	North Lambton Community Health Centre - Forest
Type of Site	Clinical, Educational
Address	59 King St. West PO Box 1120 Forest, ON, NoN 1Jo
Phone Number of Site	519-542-2310 x 4228
Telemedicine Contact	N/A

Sauble Beach

Name	Sauble Beach Family Health Team
Type of Site	Clinical, Administrative, Educational
Address	672 Main Street, Sauble Beach, Ontario, N0H 2G0
Phone Number	(519) 422-1321
Telemedicine Contact	Lucia Olynyk
Email	N/A

Stratford

Name	Thames Valley Children's Centre – Graff Ave.
Type of Site	Administrative, Clinical
Address	240 Graff Ave. Stratford, N5A6Y2, Ontario
Phone Number of Site	1-866-590-8822
Telemedicine Contact	N/A

Name	South West CCAC - Stratford
Type of Site	Administrative, Clinical, Educational
Address	65 Lorne Ave. East Stratford, N5A6S$, Ontario
Phone Number of Site	1-519-273-2222
Telemedicine Contact	N/A

Name	Perth District Health Unit – West Gore
Type of Site	Educational
Address	653 West Gore St. Stratford, N5A1L4, Ontario
Phone Number of Site	1-519-271-7600
Telemedicine Contact	N/A

Name	O'Loane Medical Building
Type of Site	Administrative, Clinical, Educational
Address	700 O'Loane Ave. Stratford, N5A6S6, Ontario
Phone Number of Site	1-519-273-4148
Telemedicine Contact	N/A

Name	Stratford Family Health Team – Erie Street
Type of Site	Educational
Address	103-342 Erie Street. Stratford, N5A2N4, Ontario
Phone Number of Site	1-519-273-7017
Telemedicine Contact	N/A

Name	Community Living Stratford and Area
Type of Site	Administrative, Clinical, Educational
Address	112 Frederick St. Stratford, N5A3V7, Ontario
Phone Number of Site	1-519-273-1000
Telemedicine Contact	N/A

Name	Community Services Coordination Network - Stratford
Type of Site	Administrative
Address	59 Lorne Avenue East, Unit 1. Stratford, N5A6S4, Ontario
Phone Number of Site	1-519-438-4783
Telemedicine Contact	N/A

Name	Huron Perth Health Alliance – Stratford GH
Type of Site	Administrative, Clinical, Educational
Address	46 General Hospital Drive. Stratford, N5A2Y6, Ontario
Phone Number of Site	1-519-272-8210
Telemedicine Contact	N/A

Name	Canadian Red Cross Society – Stratford Branch
Type of Site	N/A
Address	100 Gordon St. Stratford, N5A7T8, Ontario
Phone Number of Site	1-519-273-9339
Telemedicine Contact	N/A

Name	Choices for Change - Stratford
Type of Site	Administrative, Educational
Address	10 Downie St Suite 301. Stratford, N5A7K4, Ontario
Phone Number of Site	1-519-271-6730
Telemedicine Contact	N/A

Name	Spruce Lodge
Type of Site	Educational
Address	643 West Gore St. Stratford, N5A1L4, Ontario
Phone Number of Site	1-519-271-4090
Telemedicine Contact	Peter Bolland

Name	Greenwood Court
Type of Site	N/A
Address	90 Greenwood Dr. Stratford, N5A7W5, Ontario
Phone Number of Site	1-519-273-4662
Telemedicine Contact	June Steckly

Name	Huron-Perth Centre for Children and Youth
Type of Site	Administrative, Clinical, Educational
Address	63 Lorne Ave. E, Suite 2A Stratford, N5A6S4, Ontario
Phone Number of Site	1-519-273-3373
Telemedicine Contact	N/A

Windsor

Name	Leamington & District Memorial Hospital
Type of Site	clinical, administrative, educational
Address	194 Talbot Street West, Leamington, Ontario, N8H 1N9
Telemedicine Contact	Joanne McLaughlin (joanne.mclaughlin@ldmh.org)
Phone Number	519-326-2373 ext. 4014 or 4179

Name	Erie St. Clair CCAC- Tecumseh Road
Type of Site	CCAC; clinical, education and administrative
Address	5415 Tecumseh Rd East (2nd Floor), Windsor, Ontario, N8T 1C5
Phone Number of Site	519-258-8211 ext. 5269
Telemedicine Contact	N/A
Scheduling Instructions	Call the site directly to discuss referrals, to review hosting, to arrange an event, or to inquire about availability. CCAC referral forms are to be faxed to 519-258-6288. This site uses NCompass scheduling of telemedicine events. Prescriptions must be faxed directly to the patient's pharmacy. This site does not arrange lab work, diagnostics, or health histories. Collaboration between health care providers may be facilitated. Recording of a videoconference requires patient consent to be obtained by the party recording the event.

Name	Windsor Regional Hospital- Ouellette Campus
Type of Site	Hospital setting (clinical, administrative, educational)
Address	1030 Ouellette Avenue, Windsor, Ontario, N9A 1E1
Phone Number of Site	519-253-5253
Telemedicine Contact	N/A

Name	The Hospice of Windsor Essex Inc.
Type of Site	Hospice setting (administrative, educational)
Address	6038 Empress Street, Windsor, Ontario, N8T 1B5
Phone Number of Site	519-974-7100
Telemedicine Contact	Marina Gasic (mgasic@thehospice.ca)

Name	Regional Support Associates- Windsor
Type of Site	Clinical, administrative, educational
Address	4510 Rhodes Avenue (#130), Windsor, Ontario, N8X 5K5
Phone Number of Site	519-974-9476
Telemedicine Contact	N/A

Name	Schulich School of Medicine- Windsor
Type of Site	University setting (administrative)
Address	401 Sunset Avenue, Windsor, Ontario, N9B 3P4
Phone Number of Site	519-661-3459
Telemedicine Contact	N/A

Name	Community Living Windsor
Type of Site	Clinical, administrative, educational
Address	7025 Enterprise Way, Windsor, Ontario, N8T 3N6
Phone Number of Site	519-974-4221
Telemedicine Contact	N/A

Name	Windsor Regional Hospital- Windsor Regional Cancer Centre
Type of Site	Hospital setting; clinical, administrative and educational
Address	2220 Kildare Road, Windsor, Ontario, N8W 2X3
Telemedicine Contact	Paul Dunn (paul_dunn@wrh.on.ca) Lee Sippel (lee_sippel@wrh.on.ca) Denise Harpe (denise_harpe@wrh.on.ca)
Phone Number	519-254-5577 ext. 72367 or ext. 54209 or ext. 72368
Fax	519-254-5135 or 519-255-8697

Name	John McGivney Children's Centre
Type of Site	Clinical, administrative, educational
Address	3945 Matchette Road, Windsor, Ontario, N9C 4C2
Phone Number of Site	519-252-7281
Telemedicine Contact	N/A

Name	Integrated Circle of Care- Windsor
Type of Site	N/A
Address	3955 Tecumseh Rd East (Suite B), Windsor, Ontario, N8W 1J5
Phone Number of Site	1-800-268-7096
Telemedicine Contact	N/A

Name	Windsor Family Health Team
Type of Site	Clinical, administrative, educational
Address	2475 McDougall Street, Windsor, Ontario, N8X 3N9
Phone Number of Site	519-250-5656
Telemedicine Contact	N/A

Name	Canadian Mental Health Association- Windsor Essex
Type of Site	Administrative, Educational
Address	1400 Windsor Avenue, Windsor, Ontario, N8X 3L9
Phone Number of Site	519-255-7440
Telemedicine Contact	N/A

Name	Maryvale Adolescent and Family Services
Type of Site	Clinical, educational
Address	3640 Wells Street, Windsor, Ontario, N9C 1T9
Phone Number of Site	519-258-0484 or 519-258-0549
Telemedicine Contact	N/A

Name	Community Services Coordination Network- Windsor
Type of Site	Administrative
Address	3200 Deziel (Suite 212), Windsor, Ontario, M8W 5K8
Phone Number of Site	1-877-480-2726
Telemedicine Contact	N/A

Name	Essex ACT Team 1 and 2
Type of Site	Clinical, educational
Address	875 Ouellette Avenue, Windsor, Ontario, N9A 4J6
Phone Number of Site	519-254-3486
Telemedicine Contact	N/A

Name	Ontario Addiction Treatment Centres- Windsor
Type of Site	Clinical, educational
Address	1101 University Avenue West, Windsor, Ontario, N9A 5T1
Phone Number of Site	519-252-0991
Telemedicine Contact	N/A

Name	Metis Nation of Ontario- Windsor
Type of Site	Health centre; clinical
Address	145- 600 Tecumseh Road, Windsor, Ontario, N8X 4X9
Phone Number of Site	519-974-0860
Telemedicine Contact	N/A

Name	Saint Elizabeth Health Care- Windsor
Type of Site	Community health care; clinical
Address	2473 Ouellette Avenue, Windsor, Ontario, N8X 1L5
Phone Number of Site	519-972-3895
Telemedicine Contact	N/A

Name	VON Canada- Windsor-Essex
Type of Site	Community health care administrative and educational
Address	4520 Rhodes Drive (Suite 400), Windsor, Ontario, N8W 5C2
Telemedicine Contact	Kristha Boon (khrista.boon@von.ca)
Phone Number	519-254-4866 ext. 6239
Fax	519-254-1588

Name	Hotel Dieu Grace Healthcare- Tayfour Campus
Type of Site	clinical, administrative and educational events
Address	1453 Prince Road, Windsor, Ontario, N9C 3Z4
Telemedicine Contact	April Reed (april_reed@wrh.on.ca) Paul Dunn (paul_dunn@wrh.on.ca) Denise Harpe (denise_harpe@wrh.on.ca)
Phone Number	519-257-5111 ext. 75465 519-254-5577 ext. 72367 519-254-5577 ext. 72368
Fax	519-257-5444 519-254-5135
Scheduling Instructions	WRH will only provide services to patients through an established partnership with a referring site. Use of the site camera for external consults can be determined after reviewing requests from other sites. For more information on Clinical Services contact April Reed. For more information on Administration and Education services contact Paul Dunn or Denise Harpe. WRH Tayfour Campus has several cameras used in different capacities according to each department. A telemedicine nurse can be present during consultation.

Name	Windsor Regional Hospital- Met Campus
Type of Site	clinical, administrative and educational events
Address	1995 Lens Avenue, Windsor, Ontario, N8W 1L9
Phone Number of Site	519-254-5577 ext. 52795
Telemedicine Contact	April Reed (april_reed@wrh.on.ca) Paul Dunn (paul_dunn@wrh.on.ca) Denise Harpe (denise_harpe@wrh.on.ca)
Phone Number	519-257-5111 ext. 75465 519-254-5577 ext. 72367 519-254-5577 ext. 72368
Fax	519-257-5444 519-254-5135

Name	Thames Valley Children's Centre- Quality Way
Type of Site	Clinical, administrative
Address	3295 Quality Way, Windsor, Ontario, N8T 3R9
Phone Number of Site	519-967-9214
Telemedicine Contact	N/A

Name	Erie- St. Clair Infection Control Network
Type of Site	Business centre; clinical, educational
Address	4510 Rhodes Drive (Unit 701), Windsor, Ontario, N8W 5K5
Phone Number of Site	519-948-7000
Telemedicine Contact	N/A

Woodstock

Name	St. Joseph's Health Care London – Oxford ACT
Type of Site	ACT (Clinical, Administrative, Educational)
Address	35 Metcalfe Street, Woodstock, ON, N4S 3E6
Phone Number of Site	519-539-0181
Telemedicine Contact	N/A

Name	Canadian Mental Health Association - Woodstock
Type of Site	Clinical, Educational
Address	522 Peel Street, Woodstock, ON, N4S 1K3
Phone Number of Site	519-539-8055, toll free 1-800-859-7248
Telemedicine Contact	N/A

Name	Woodingford Lodge - Woodstock
Type of Site	N/A
Address	300 Juliana Dr, Woodstock, ON, N4V0A1
Phone Number of Site	519-421-5556
Telemedicine Contact	Jennifer Hall (jhall@oxfordcounty.ca)

Name	Woodstock and Area Community Health Centre
Type of Site	Administrative, Educational
Address	35 Metcalfe Street, Woodstock, ON, N4S 3E6
Phone Number of Site	519-539-1111
Telemedicine Contact	N/A

Name	Oxford-Elgin Child & Youth Centre - Woodstock
Type of Site	Clinical, Administrative, Educational
Address	912 Dundas Street, Woodstock, ON, N4S 1H1
Phone Number of Site	(519) 539-0463
Telemedicine Contact	N/A

Name	Canadian Red Cross Society - Woodstock
Type of Site	N/A
Address	77 Finkle Street, Woodstock, ON, N4S 3C9
Phone Number of Site	(519) 539-0265
Telemedicine Contact	N/A

Name	Caressant Care - Woodstock
Type of Site	Long Term Care (Educational)
Address	81 Fyfe Avenue, Woodstock, ON, N4S 8Y2
Phone Number of Site	(519) 539-6461 ext. 223
Telemedicine Contact	Helen Crombez (hcrombez@caressantcare.com)

Name	South West CCAC - Woodstock
Type of Site	CCAC (Administrative, Educational)
Address	1147 Dundas Street, Woodstock, N4S 8W3
Phone Number of Site	(519) 539-1284
Telemedicine Contact	Kathy Stark (Kathy.Stark@sw.ccac-ont.ca)

Name	Woodstock General Hospital
Type of Site	Hospital (Clinical, Administrative, Educational)
Address	310 Juliana Drive, Woodstock, ON, N4V 0A4
Phone Number of Site	(519) 421-4211
Telemedicine Contact	N/A

Name	Regional Support Associates - Woodstock
Type of Site	Clinical, Administrative, Educational
Address	333 Athlone Avenue, Woodstock, ON, N4V 0B8
Phone Number of Site	(519) 421-4248
Telemedicine Contact	Heather Prescot (hprescot@wgh.on.ca)